



American Cancer Society
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Children's Committee

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American Cancer Society Cancer Action Network Testimony

Comments from the American Cancer Society Cancer Action Network on HB 5303 - AN ACT CONCERNING CHILDHOOD OBESITY

The American Cancer Society Cancer Action Network (ACS CAN) is pleased to provide comments on **HB 5303 - AN ACT CONCERNING CHILDHOOD OBESITY**. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society that supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN is strong supporters of robust school policies that create healthy, supportive learning environments and help build the foundation for the establishment of lifelong healthy behaviors where children spend a majority of their day.

Obesity, physical inactivity, and poor nutrition are major risk factors for cancer, second only to tobacco use. One third of the estimated 595,690 cancer deaths in the US this year can be attributed to poor diet, physical inactivity, and overweight and obesityⁱ. Currently, approximately two in three adults and one in three youth are overweight or obeseⁱⁱ.

Obesity rates among children and adolescents have tripled in the past 30 years. Between 50-100% of a child's daily nutrition requirements comes from childcare and other away-from-home settings. Because overweight in youth tends to continue throughout life, it is essential that strong policies to improve nutrition and calorie balance be put in place, especially in childcare settings where infants and toddlers begin to establish healthy patterns.

HB 5303 would establish nutrition standards for childcare settings and early education programs as well as improve daily physical activity. The bill prohibits added artificial or naturally sweetened beverages, limits the juice intake for infants and requires that water shall be available and easily accessible throughout the day.

Healthy Choices

Healthy food and beverage choices in childcare settings help establish good, lifelong nutrition habits and helps children avoid excess caloric intake. Educating children about healthy nutrition choices and the importance of developing good eating habits is wasted, however, if the snacks given to them in childcare consist of unhealthy choices.

Poor nutrition and the consumption of high-calorie foods and beverages are major contributors to overweight and obesity and increase the risk of cancer. Despite the evidence linking overweight and obesity, poor nutrition, and physical inactivity to increased cancer risk, the majority of American adults are not meeting recommended nutrition and physical activity targets. Social, economic, environmental, and cultural factors strongly influence individual choices about diet and physical activity.

Reversing obesity trends and reducing the associated cancer risk will require a broad range of strategies that include policy and environmental changes that make it easier for individuals to regularly make healthy diet and physical activity choices.

Improving Physical Activity

HB 5303 requires students in pre-school through 5th grade to receive 20 minutes of consecutive physical activity each school day and provides that students in after school programs be engaged to participate in at least 20 minutes of consecutive physical activity per day as well—welcome improvements over existing requirements.

Quality physical education is the best way for youth to get a significant portion of their recommended physical activity, improve their physical fitness and obtain the knowledge and skills they need to be physically active throughout their lifetimes.ⁱⁱⁱ Physical education may even increase students' academic achievement. Physical education should be part of a comprehensive school physical activity program, which also provides opportunities for and encourages students to be active before, during and after school through recess, classroom physical activity breaks, walk- to-school programs, joint- or shared-use agreements that allow community use of school facilities and vice versa, and after-school physical activity programs, such as competitive, intramural and club sports and activities. However, these other opportunities for physical activity before, during and after school should supplement – rather than supplant – physical education.

School districts should also provide opportunities for students to be active in other ways, including daily recess policies in elementary schools, classroom physical activity breaks, active transportation policies to and from school, intramural, club, and sports offerings, local school wellness policies that set physical education and physical activity requirements, and shared use policies that makes school facilities available to the community outside of school time.

Additionally, school districts should be held accountable for fully implementing physical education and physical activity programs and policies. They should be assessing the quality of the program using existing tools and assessing student fitness and cognitive achievement, with aggregate results being reported to parents, the community and relevant state agencies.

The tobacco control experience has shown that policy and environmental changes at the national, state, and local levels are critical to achieving changes in individual behavior. Measures such as smoke-free laws and increases in cigarette excise taxes

have been highly effective in deterring tobacco use. To avert an epidemic of obesity-related disease, similar purposeful changes in public policy and in the community environment will be required to help individuals make smart food and physical activity choices and maintain a healthy body weight.

We urge a Joint Favorable report on HB 5303. Thank you for your consideration of our comments.

ⁱ American Cancer Society. (2016). Cancer Facts & Figures, 2016. Atlanta, GA: American Cancer Society.

ⁱⁱ Flegal K.M., Carroll M.D., Kit B.K., and Ogden C.L. (2012). Prevalence of Obesity and Trends in the Distribution of Body Mass Index Among US Adults, 1999-2010. *Journal of the American Medical Association*. 2012; 307(5).

ⁱⁱⁱ For more information on ACSCAN's policy position on physical education and physical activity in schools, please see: ACS CAN, American Diabetes Association (ADA), American Heart Association (AHA). Physical Education in Schools – Both Quality and Quantity are Important. A Statement on Physical Education from ACS CAN, ADA, and AHA. 2013. Available at acscan.org/content/wp-content/uploads/2013/08/PE-in-Schools-Policy-Statement.pdf. Accessed May 7, 2014. Also see: ACS CAN, ADA, AHA. Fact Sheet: Physical Education in Schools – Both Quality and Quantity are Important. 2013. Available at acscan.org/content/wp-content/uploads/2013/08/PE-in-Schools-Fact-Sheet-from-ACS-ADA-AHA.pdf. Accessed May 7, 2014.